



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION VII SITE NUMBER (to be assigned by HQ) M-000010096

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

|  |                        |   |                                  |
|--|------------------------|---|----------------------------------|
| A. SITE NAME<br><u>Filtronetics, Inc.</u>  |                        | B. STREET (or other identifier)<br><u>6505 Hadley (previous location of firm)</u> |                                  |
| C. CITY<br><u>Raytown</u>  | D. STATE<br><u>Mo.</u> | E. ZIP CODE<br><u>64133</u>   | F. COUNTY NAME<br><u>Jackson</u> |
| G. OWNER/OPERATOR (if known)<br>1. NAME  |                        | 2. TELEPHONE NUMBER   |                                  |
| H. TYPE OF OWNERSHIP<br><input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input checked="" type="checkbox"/> 6. UNKNOWN            |                        |   |                                  |
| I. SITE DESCRIPTION<br>TSS received an anonymous complaint reporting the dumping of chemical wastes at this firm's current location: 10012 E 64th St. Complainant reported that the same type of dumping had been done by the firm at this, their previous location. |                        |   |                                  |
| J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)<br><u>anonymous employee complaint</u>  |                        | K. DATE IDENTIFIED (mo., day, & yr.)<br><u>5/22/81</u>                            |                                  |
| L. PRINCIPAL STATE CONTACT<br>1. NAME<br><u>Lyle Crocker, MDNR</u>   |                        | 2. TELEPHONE NUMBER<br><u>(314) 751-3241</u>                                      |                                  |

II. PRELIMINARY ASSESSMENT (complete this section last)

|   |  |
|---|--|
| A. APPARENT SERIOUSNESS OF PROBLEM<br><input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN   |  |
| B. RECOMMENDATION<br><input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard)<br><input checked="" type="checkbox"/> 2. SITE INSPECTION NEEDED<br>a. TENTATIVELY SCHEDULED FOR:<br><u>EPA 4th Quarter FY 81</u><br>b. WILL BE PERFORMED BY:<br><u>Break: 105</u><br><u>Other: 5-22-81</u><br><input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority) |  |

|  |  |   |
|--|--|---|
| C. PREPARER INFORMATION<br>1. NAME<br><u>David V. Crawford</u> | 2. TELEPHONE NUMBER<br><u>(816) 374-6531</u> | 3. DATE (mo., day, & yr.)<br><u>5/22/81</u> |
|--|--|---|

III. SITE INFORMATION

|   |  |
|---|--|
| A. SITE STATUS<br><input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)<br><input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.)<br><input type="checkbox"/> 3. OTHER (specify):<br>(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.) |  |
| B. IS GENERATOR ON SITE?<br><input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): <u>3674, 3677</u>  |  |
| C. AREA OF SITE (in acres)<br><u>undetermined</u>   | D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES<br>1. LATITUDE (deg.-min.-sec.)<br>2. LONGITUDE (deg.-min.-sec.) |
| E. ARE THERE BUILDINGS ON THE SITE?<br><input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify): <u>undetermined</u>  |  |

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

| X | A. TRANSPORTER      | X | B. STORER              | X | C. TREATER                | X | D. DISPOSER              |
|---|---------------------|---|------------------------|---|---------------------------|---|--------------------------|
|   | 1. RAIL             |   | 1. PILE                |   | 1. FILTRATION             |   | 1. LANDFILL              |
|   | 2. SHIP             |   | 2. SURFACE IMPOUNDMENT |   | 2. INCINERATION           |   | 2. LANDFARM              |
|   | 3. BARGE            |   | 3. DRUMS               |   | 3. VOLUME REDUCTION       |   | 3. OPEN DUMP             |
|   | 4. TRUCK            |   | 4. TANK, ABOVE GROUND  |   | 4. RECYCLING/RECOVERY     |   | 4. SURFACE IMPOUNDMENT   |
|   | 5. PIPELINE         |   | 5. TANK, BELOW GROUND  |   | 5. CHEM./PHYS. TREATMENT  |   | 5. MIDNIGHT DUMPING      |
|   | 6. OTHER (specify): |   | 6. OTHER (specify):    |   | 6. BIOLOGICAL TREATMENT   |   | 6. INCINERATION          |
|   |                     |   |                        |   | 7. WASTE OIL REPROCESSING |   | 7. UNDERGROUND INJECTION |
|   |                     |   |                        |   | 8. SOLVENT RECOVERY       | X | 8. OTHER (specify):      |
|   |                     |   |                        |   | 9. OTHER (specify):       |   |                          |

TSS received anonymous employee complaint reporting

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED  
 that silver cyanide & other wastes were discharged by firm onto the surface of the ground at their current location on 64th St. Complainant also reported that similar waste mgt. practices took place at the firm's previous location (on Hadley St.). A preliminary site inspection is being requested to verify & evaluate the allegations made by the complainant.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Unknown

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

| a. SLUDGE             | b. OIL               | c. SOLVENTS                  | d. CHEMICALS                              | e. SOLIDS                     | f. OTHER                     |
|-----------------------|----------------------|------------------------------|---|-------------------------------|------------------------------|
| AMOUNT                | AMOUNT               | AMOUNT                       | AMOUNT                                    | AMOUNT                        | AMOUNT                       |
| UNIT OF MEASURE       | UNIT OF MEASURE      | UNIT OF MEASURE              | UNIT OF MEASURE                           | UNIT OF MEASURE               | UNIT OF MEASURE              |
| X (1) PAINT, PIGMENTS | X (1) OILY WASTES    | X (1) HALOGENATED SOLVENTS   | X (1) ACIDS                               | X (1) FLYASH                  | X (1) LABORATORY PHARMACEUT. |
| (2) METALS SLUDGES    | (2) OTHER (specify): | (2) NON-HALOGENATED SOLVENTS | (2) PICKLING LIQUORS                      | (2) ASBESTOS                  | (2) HOSPITAL                 |
| (3) POTW              |                      | (3) OTHER (specify):         | (3) CAUSTICS                              | (3) MILLING/ MINE TAILINGS    | (3) RADIOACTIVE              |
| (4) ALUMINUM SLUDGE   |                      |                              | (4) PESTICIDES                            | (4) FERROUS SMLTG. WASTES     | (4) MUNICIPAL                |
| (5) OTHER (specify):  |                      |                              | (5) DYES/INKS                             | (5) NON-FERROUS SMLTG. WASTES | (5) OTHER (specify):         |
|                       |                      |                              | X (6) CYANIDE                             | (6) OTHER (specify):          | etching & die clean wastes   |
|                       |                      |                              | (7) PHENOLS                               |                               |                              |
|                       |                      |                              | (8) HALOGENS                              |                               |                              |
|                       |                      |                              | (9) PCB                                   |                               |                              |
|                       |                      |                              | (10) METALS                               |                               |                              |
|                       |                      |                              | X (11) OTHER (specify):<br>Silver cyanide |                               |                              |

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

silver cyanide

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

| A. TYPE OF HAZARD                                      | B. POTENTIAL HAZARD (mark 'X') | C. ALLEGED INCIDENT (mark 'X') | D. DATE OF INCIDENT (mo., day, yr.) | E. REMARKS |
|--|--------------------------------|--------------------------------|-------------------------------------|------------|
| 1. NO HAZARD   |                                |                                |                                     |            |
| 2. HUMAN HEALTH  |                                |                                |                                     |            |
| 3. NON-WORKER INJURY/EXPOSURE                          |                                |                                |                                     |            |
| 4. WORKER INJURY                                       | X                              |                                |                                     |            |
| 5. CONTAMINATION OF WATER SUPPLY                       |                                |                                |                                     |            |
| 6. CONTAMINATION OF FOOD CHAIN                         |                                |                                |                                     |            |
| 7. CONTAMINATION OF GROUND WATER                       | X                              |                                |                                     |            |
| 8. CONTAMINATION OF SURFACE WATER                      | X                              |                                |                                     |            |
| 9. DAMAGE TO FLORA/FAUNA                               |                                |                                |                                     |            |
| 10. FIRE/FUEL  |                                |                                |                                     |            |
| 11. CONTAMINATION OF AIR                               |                                |                                |                                     |            |
| 12. NOTICEABLE ODORS                                   |                                |                                |                                     |            |
| 13. CONTAMINATION OF SOIL                              | X                              |                                |                                     |            |
| 14. PROPERTY DAMAGE                                    |                                |                                |                                     |            |
| 15. FIRE OR EXPLOSION                                  |                                |                                |                                     |            |
| 16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS |                                |                                |                                     |            |
| 17. SEWER, STORM DRAIN PROBLEMS                        |                                |                                |                                     |            |
| 18. EROSION PROBLEMS                                   |                                |                                |                                     |            |
| 19. INADEQUATE SECURITY                                |                                |                                |                                     |            |
| 20. INCOMPATIBLE WASTES                                |                                |                                |                                     |            |
| 21. MIDLIGHT DUMPING                                   |                                |                                |                                     |            |
| 22. OTHER (specify):                                   |                                |                                |                                     |            |

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|--|------------------------------|----------------|
|                     |  |                              |                |
|                     |  |                              |                |
|                     |  |                              |                |

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|--|------------------------------|----------------|
|                     |  |                              |                |
|                     |  |                              |                |
|                     |  |                              |                |

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER  
VII XX MO-000010096

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME  
Filtronetrics, Inc.

B. STREET  
6505 Hadley (previous location of firm)

C. CITY  
Raytown

D. STATE  
Missouri

E. ZIP CODE  
64133

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

| RECOMMENDATION   | ACTION AGENCY |       |       |       |         |
|--|---------------|-------|-------|-------|---------|
|  | MARK 'X'      | EPA   | STATE | LOCAL | PRIVATE |
| A. NO ACTION NEEDED  |               | XXXXX |       |       |         |
| B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE<br>(If yes, complete Section III.)   |               |       |       |       |         |
| C. REMEDIAL ACTION (If yes, complete Section IV.)  |               |       |       |       |         |
| D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.) |               |       |       |       |         |

E. RATIONALE FOR FINAL STRATEGY DETERMINATION Region VII received an anonymous complaint reporting that the above firm, which manufactures electrical components, dumped discarded commercial chemicals onto the surface of the ground both at their current location (listed as a separate site) & at this, their previous location. Investigation of their current operation verified the alleged dumping of small quantities of chemicals. The quantities dumped at both locations have been determined to be so small as to make the potential for an adverse environmental or health effect to result quite remote. This site is located in a small industrial park. Surface drainage at the site would appear to reach @cont. under I.T.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME David V. Crawford

2. TELEPHONE NUMBER (816) 374-6531

3. DATE (mo., day, & yr.) 4/30/82

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

| A. REMEDIAL ACTION   | B. ESTIMATED COST | C. REMARKS                          |
|--|-------------------|-------------------------------------|
| an intermittent storm sewer, which drains to a small creek. There is not believed to be any use of groundwater in the area as drinking water. The quantities of chemicals dumped are sufficiently small & enough time since the disposal has elapsed, that the potential for human exposure to result is also quite small. |                   |                                     |
| Based upon all currently available information on this site.   |                   | no further action appears necessary |
|  | \$                |                                     |
|  | \$                |                                     |
|  | \$                |                                     |
|  | \$                |                                     |
|  | \$                |                                     |
|  | \$                |                                     |
| D. TOTAL ESTIMATED COST  | \$                |                                     |

Site: Filtronetrics Inc.  
ID #: MO0980633473  
Break: 1.5  
Other: 4-30-82





POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER  
VII MD-060010096

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

|   |                                 |                             |
|---|---------------------------------|-----------------------------|
| A. SITE NAME<br><b>Filtronetrics, Inc. (old site)</b> | B. STREET<br><b>6505 Hadley</b> |                             |
| C. CITY<br><b>Raytown</b>                             | D. STATE<br><b>Mo.</b>          | E. ZIP CODE<br><b>64133</b> |

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

| RECOMMENDATION   | MARK 'X' | ACTION AGENCY |       |       |         |
|--|----------|---------------|-------|-------|---------|
|  |          | EPA           | STATE | LOCAL | PRIVATE |
| A. NO ACTION NEEDED  |          | XX            |       |       |         |
| B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE<br>(If yes, complete Section III.)   |          |               |       |       |         |
| C. REMEDIAL ACTION (If yes, complete Section IV.)  |          |               |       |       |         |
| D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.) |          |               |       |       |         |

E. RATIONALE FOR FINAL STRATEGY DETERMINATION An anonymous complaint was received alledging that chemical wastes were dumped by this firm at both their current location at 10012 E. 64th St. (listed as a separate site) & at their previous location (this site). Subsequent investigation verified the alledged disposal of chemical wastes. However the quantities so disposed at both sites are very small. Also potential routes of exposure are quite limited. We have evaluated the potential for adverse impacts to result from the previous disposal to be quite small & insufficient to warrant any further action by Region VII under the uncontrolled site program.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.) G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME  
**David V. Crawford**

2. TELEPHONE NUMBER  
**(816) 374-6531**

3. DATE (mo., day, & yr.)  
**4/16/82**

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

| A. REMEDIAL ACTION  | B. ESTIMATED COST | C. REMARKS |
|---|-------------------|------------|
| Based upon currently available information the potential for adverse impacts to result from this site appear to be very small. At this time no further action appears to be necessary on this site. | \$                |            |
|   | \$                |            |
|   | \$                |            |
|   | \$                |            |
|   | \$                |            |
|   | \$                |            |
|   | \$                |            |
|   | \$                |            |
| D. TOTAL ESTIMATED COST   | \$                |            |